

DEPARTMENT OF THE ARMY  
Wilmington District, Corps of Engineers  
P. O. Box 1890  
Wilmington, North Carolina 28401

DR 690-1-44

SAWVP

DISTRICT REGULATION  
NO. 690-1-44

29 May 1973

Civilian Personnel  
Alcoholism Program For Civilian Employees

1. Purpose. This regulation prescribes policy about handling of employee alcoholism problems.
2. Applicability. This regulation applies to all civilian employees of the Wilmington District.
3. General. a. Alcoholism is known to be a serious and expensive national health problem. The National Council on Alcoholism Inc., reports that 5.3 percent of the U. S. population suffers from alcoholism. Because of the vast number of people the Government hires, there may be thousands of Federal employees who have drinking problems. Department of the Army accepts the American Medical Association's view that alcoholism is a complex, treatable illness. This illness may affect, now or at some future time, the health, work performance, and conduct of some of its employees.  
  
b. It is the private decision of employees to use or not to use alcoholic beverages off the job. However, when it impairs job performance, attendance, conduct or reliability, it is the responsibility of management to take action. To meet this need for action, an Alcoholism Control Program is established to assist employees whose drinking habits are causing or contributing to job difficulties.  
  
c. The alcoholism program introduces nondisciplinary procedures under which employees with drinking problems will be offered rehabilitative assistance. If employees refuse such assistance, or if the course of rehabilitation fails to achieve expectations, regular disciplinary procedures for dealing with problem employees will be used.
4. Policy. It is the policy to:
  - a. Identify and offer rehabilitative guidance to employees whose drinking habits have resulted in job difficulties, including poor attendance and conduct.
  - b. Assure that individuals who suffer from alcoholism are given the same respect and confidentiality of medical treatment records handling as employees who suffer from any other health condition that affects job performance.

DR 690-1-44  
29 May 73

c. Grant sick leave to employees to participate in approved rehabilitative programs.

d. Encourage the use of established community resources and facilities as sources of rehabilitative care.

5. Responsibilities and Assignments. a. Supervisors are responsible for assuring that no employee with an alcohol problem will have job security or promotional opportunities jeopardized by a request for diagnosis and treatment.


b. Mr. Charles E. Blanton, Office Services Supervisor is designated Program Administrator.

c. The Personnel Office will provide information about the program to supervisors and employees.

6. Program Implementation. Appendix A contains relevant general information about the Alcoholism Control Program.

FOR THE DISTRICT ENGINEER:

1 Appendix  
as

  
JOEL T. CALLAHAN  
Major, Corps of Engineers  
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APPENDIX A

ALCOHOLISM CONTROL PROGRAM

1. Introduction. a. The alcoholism control program outlined in this regulation is primarily a program of prevention.

b. It is preventive in the sense that its primary objective is to prevent further progression of the disease as soon as possible after the detection of a probability of its presence through methods described herein.

c. The major focus of the program, in the terms of work to be performed by management and supervisory personnel, is completely divorced from treatment per se. Rather, it focuses directly on certain vital pre-treatment functions which must be primarily accomplished through line management organization, with the usual advisory and coordinating assistance of staff.

2. Functions. In broad general terms, the functions to be accomplished in this pre-treatment phase of the program are:

a. To create a climate which will gradually eliminate the effects of the social stigma associated with alcoholism on the customs, attitudes and policies of the District and which act as a barrier to constructive corrective action.

b. To bring the full capabilities of the supervisory staff, from top management to first-line supervisors to bear on the objective of early identification and motivation to treatment of possible cases of alcoholism or other behavioral-medical problems which affect job performance.

c. To assign clear-cut responsibility to all levels of supervision in connection with the implementation of the pre-treatment procedures that are to follow, and to develop a positive program of follow-up to assure that such procedures are consistently followed on a continuing basis.

d. To schedule initial and follow-up orientation and training meetings for supervisory personnel, including top management, through first-line supervisors.

e. To maintain adequate, continuing written records covering day-to-day patterns of absence, behavioral problems, unsatisfactory work performance, formal and informal disciplinary action taken, and any other relevant data indicating developing employee problems.

f. The most important aspect of a successful recovery from alcoholism is the MOTIVATION TO ACCEPT TREATMENT, rather than the treatment itself.

29 May 1973

g. Employers have the most effective motivational tool known to date-- that is, the desire of the employee with alcoholism to hold his job.

h. The most successful program focuses primarily on early identification and motivation to accept treatment THROUGH LINE ORGANIZATIONS. Alcoholism, even in its early and middle stages, affects job performance through such factors as absenteeism, poor judgment, erratic performance, excess spoilage, decreasing productivity, fights, lateness, early departures, "customer" complaints, failure to meet schedules and countless other instances of poor performance. Thus there is no need for supervisors to look for medical symptoms of alcoholism.

i. Rather, when the supervisor finds that he is unable to achieve corrective action through existing procedures, he contacts the Personnel Office, for assistance including referral for professional screening and diagnosis.

j. Motivation is achieved through the employee's clear understanding that unless his problem (whatever it is) is identified and corrected, he is subject to the existing penalties for unsatisfactory job performance.

3. Definition of a Problem Drinker. a. An individual whose drinking habits interfere with his job performance. He may or may not be an alcoholic. Usually, problem drinkers are in an early stage of alcoholism. For our purposes a problem drinker, whether he has or has not lost his ability to control his use of alcohol, does not control it well enough to satisfactorily perform the duties of his job.

b. The terms problem drinker and alcoholic are used interchangeably hereafter since the same course of action applies in either case.

4. Role of the Supervisor. a. The key to the successful motivation of an employee with alcoholism to accept treatment lies in the first-line supervisor's use of non disciplinary procedures aimed at rehabilitation of persons who suffer from a disease.

b. The social and moral stigma associated with alcoholism produces a reluctance on the part of the sufferer to admit his problem. In most cases, an employee with alcoholism is aware that his drinking is unlike that of most of his friends. As the disease progresses, he becomes increasingly aware that his drinking is becoming more uncontrollable.

c. Such as employee generally knows that if he continues to drink he will continue to have trouble with his job. If he could control his drinking, he would. He tries and fails repeatedly. Thus, lectures or

29 May 1973

threats from anyone regarding his drinking are useless. Yet, efforts to arrest alcoholism through lectures, threats, setting of time limits of 30 to 90 days in which to "shape up," or "last chances," continue to be quite common. None of these methods work because none of them motivates the employee toward the one essential element-specialized treatment.

d. The National Council on Alcoholism Inc., reports that experience with thousands of cases has demonstrated that a mere offer of treatment is as ineffectual as a lecture or repeated "last chances", since it does not, by itself, outweigh the intense fear of the effects of social stigma. Assurance that the acceptance of treatment will not result in job loss and pressure to seek treatment are needed to outweigh this fear.

e. The pre-treatment phase of an alcoholism program can be effectively implemented by all levels of supervision through careful and thorough discharge of their basic job responsibilities regarding employee performance.

5. The First-Line Supervisor's Functions. a. To be alert, through continuing observation, to changes in the work and behavioral patterns of all personnel under their supervisions.

b. To document all specific instances where an employee's work performance or behavior fails to meet minimum established standards, or where his individual pattern of performance appears to be deteriorating.

c. To conduct a corrective interview with the employee when his documented record of unsatisfactory performance is warranted under existing policy and procedures. At the end of this interview the supervisor will inform the employee that counseling and diagnostic services are available to assist him in case his poor performance is caused by any personal problem. Upon acceptance the employee will be referred to the Personnel Office to determine the nature of his problem.

d. Any deviation from a firm and consistent administration of the procedures to be followed, based on misguided feelings of sympathy, can only lead to a serious delay in treatment and is extremely hazardous to the employee's health and ultimate recovery and well being. An employee will rarely accept treatment unless the CONSEQUENCES OF NOT ACCEPTING TREATMENT CREATE AN ALTERNATIVE WHICH IS MORE INTOLERABLE TO HIM THAN HIS FEAR OF THE RESULTS OF EXPOSURE.

e. If the employee refuses help, and his performance continues to be unsatisfactory, he is given a firm choice between accepting assistance through a professional diagnosis of whatever his problem might be, and

29 May 1973

cooperation with treatment if indicated, or accepting whatever existing procedures are followed for all cases of unsatisfactory job performance. The above procedures:

(1) Eliminate the necessity of supervisory involvement with personal or embarrassing discussions about alcoholism.

(2) Restrict all disciplinary action to its legitimate function of corrective action for unsatisfactory performance, and not for having an illness.

(3) Eliminate grievances based on disciplinary action taken in connection with an "illness".

6. Identification or Recognition. a. Although the supervisor probably has little or no opportunity to observe an employee's private drinking habits or behavior while intoxicated, he may first become aware of the problem because the employee tells him about it, or through advice from others. Usually, however, the only hint comes through observation of his behavior and condition on the job.

b. Inasmuch as a number of studies indicate that recovery is directly related to early recognition of the problem and treatment, the effectiveness of this policy is dependent on the supervisor. Whenever there are signs that the employee's drinking is interfering with his job performance, or apparently may soon, the supervisor needs to take prompt action, by consulting with the Personnel Office.

c. There are certain signs or clues that indicate a problem and some of these are:

(1) Drinking. Employee's drinking may result in: His coming to work with a hangover, appearing on the job intoxicated, morning drinking before going to work evidence that he is drinking during working hours, drinking at lunch time, mood changes after lunch, sensitivity about references to his drinking, and use of breath purifiers.

(2) Physical Appearance. Change in physical appearance: Increased nervousness, edgy and irritable, hand tremors, swelling of the face, flushed face, red or bleary eyes, and more careless about dress.

(3) Attendance. Attendance is affected by: Absences of day or half-day, frequent absences day after pay day and on Monday or Friday, increase in real minor illnesses, leaving work early, longer lunch periods, unexplained disappearances on the job location.

29 May 1973

(4) Productivity. Evidence of overall lowered productivity and more spasmodic work pace.

(5) Work. The quality of work may be lower with an increase in mistakes or errors in judgment.

(6) Reliability. Attributes related to employee's reliability include: An inclination to put things off, neglect of details formerly attended to, tendency to blame other workers, desire for different job assignment, and asking associates for loans.

(7) Attitude and Habits. Attitude and habits undergo changes: The employee avoids his boss or associates, he becomes more intolerant and suspicious of his fellow workers, he tends to talk loudly, and sometimes sleeps on the job.

7. Treatment. a. The only active role taken by the employer in the treatment phase of this program is the responsibility for activating and maintaining effective referral procedures. Resources include a roster of professional people selected on the basis of their known experience, skill and competence in dealing with the problem of alcoholism. The roster includes physicians, psychiatrists, clergymen and other counselors. Other resources specialize in alcoholism treatment and detoxification, local voluntary councils on alcoholism, state alcoholism agencies, state hospitals, group psychotherapy facilities, family service agencies and Alcoholics Anonymous.

b. Alcoholics Anonymous as a resource can be expected to make a major contribution to the success of the program both in terms of the services their dedicated members are willing to give, and in the accomplishment of successful long-term recoveries. Liaison will be established with this organization on a personal basis through the Program Administrator.

c. Another possible resource which can be utilized with great effectiveness is the development of an informal team of employees who have recovered from alcoholism. The Program Administrator welcomes volunteer services of these employees.